DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under

my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Nucleic acid isolation

described and claimed in international application number PCT/FR97/00496 filed March 20, 1997

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me

to be material to patentability as defined in Title 37, Code of Federal Regulations \$1.56. Under Title 35, U.S. Code \$119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

> French Patent Application No 96 03753 filed March 20, 1996 French Patent Application No 96 04691 filed April 09, 1996

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

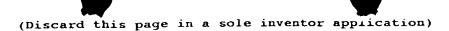
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First Inventor Gi Inventor's Signature Date of Signature Residence	Philippe Middle Initial Cos 1997 State or Province	CROS Family Name FRANCE Country
Citizenship French Post Office Address (Insert complete mailing address, including country)	90 rue du Commandant Charcot 69005 LYON, FRANCE	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ₩



-	Typewritten Full Name of Joint Inventor	Abdelhamid Given Name Middle Initial	ELAISSARI Family Name
		ELAISSARI Abdelhumich & Castai	
~	Date of Signature	Cc/o(a 22, 1997	
W	Residence LYON City Citizenship French	State or Province	FRANCE COUNTRY
•	Post Office Addres (Insert complete mailing address, including count	60007 I VON FRANCE	
	Typewritten Full Name of Joint Inventor	Claude Given Name Middle Initial	MABILAT Family Name
	Inventor's Signature	MABIENT Claude	
	Date of Signature	Dileber 12, 1997	
W.	Residence RILLIEUX I	LA PAPE State or Province	FRANCE
,	Post Office Addres (Insert complete mailing address, including count	69140 RILLTEUX-LA-PAPE, FRANCE	
	Typewritten Full Name of Joint Inventor	Christian Given Name Middle Initial	PICHOT Family Name
	Inventor's Signature _	PICHOT Christian.	
مار	Date of Signature Residence CORBAS City	State or Province	FRANCE Country
	Citizenship French		<u> </u>
:	Post Office Addres (Insert complete mailing address, including count	69960 CORBAS FRANCE	
		Marc Middle Initial	RODRIGUEFamily Name
	Inventor's Signature	RODRIOUE Harc	
16	Date of Signature Residence DARDILLY	October 21, 1997	FRANCE -
•	City Citizenship French	State or Province	Country
	Post Office Addres (Insert complete mailing address, including count	FORTO DARDILLY EDANCE	
	Typewritten Full Name of Joint Inventor	Lise Given Name Middle Initial	SANTORO Family Name
	Inventor's Signature	savolo lyre	
	Date of Signature	October 25, 1944	PRANCE -A
	City	-Les-Lyons State or Province	Country
	Post Office Address	1 Place des Quatre-Vierges	
	(Insert complete mailing address, including count	69110 Sainte-Foy-Les-Lyons, FRANCE	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.